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AUG 25 2008
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MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

Ples Robinson

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

08CV4838

JUDGE ASPEN

MAG. JUDGE ASHMAN

vs.

Case No.

(To be supplied by the Clerk of this Court)

ASSISTANT EXECUTIVE
DIRECTOR ROMARO.

JURY TRIAL DEMANDED

EXECUTIVE DIRECTOR SALVADOR
GOOLINEZ.

SHERIFF THOMAS DART.

SUPERINTENDENT SALAZAR.

OFFICER STAPLES.

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

X

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

Ples Robinson

I. Plaintiff(s):

- A. Name: PLES ROBINSON
- B. List all aliases: N/A
- C. Prisoner identification number: R-66122
- D. Place of present confinement: MENARD C.C.
- E. Address: P.O. Box 711 MENARD IL 62259

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: ROMARO
 Title: ASSISTANT EXECUTIVE DIRECTOR
 Place of Employment: COOK COUNTY Jail
- B. Defendant: SALVADOR GONZALEZ
 Title: EXECUTIVE DIRECTOR
 Place of Employment: COOK COUNTY Jail
- C. Defendant: THOMAS DART
 Title: SHERIFF
 Place of Employment: COOK COUNTY Jail

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

DEFENDANT: SALAZAR.

TITLE: SUPERINTENDENT.

PLACE OF EMPLOYMENT: COOK COUNTY Jail.

DEFENDANT: STAPLES.

TITLE: OFFICER.

PLACE OF EMPLOYMENT: COOK COUNTY Jail.

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III. Exhaustion of Administrative Remedies

You are required to exhaust all your available administrative remedies before bringing an action in federal court.

A. Is there a grievance procedure available at your institution?

YES ☒ NO () If there is no grievance procedure, skip to F.

B. Have you filed a grievance concerning the facts in this complaint?

YES ☒ NO ()

C. If your answer is YES:

1. What steps did you take?

GRIEVANCE WAS SENT
TO ADMINISTRATIVE REVIEW BOARD.

2. What was the result?

Nothing could be done
because incident took place
at different institution

3. If the grievance was not resolved to your satisfaction, did you appeal?
What was the result (if there was no procedure for appeal, so state.)

THERE IS NOT A APPEAL
PROCEDURE.

D. If your answer is NO, explain why not:

N/A

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4

E. Is the grievance procedure now completed? YES ☒ NO ()

F. If there is no grievance procedure in the institution, did you complain to authorities? YES () NO () *N/A*

G. If your answer is YES:

1. What steps did you take?

N/A

2. What was the result?

N/A

H. If your answer is NO, explain why not:

N/A

Peter Robinson



IV. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court (including the Central and Southern Districts of Illinois):

- A. Name of case and docket number: N/A
- B. Approximate date of filing lawsuit: N/A
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A
- D. List all defendants: N/A
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): N/A
- F. Name of judge to whom case was assigned: N/A
- G. Basic claim made: N/A
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A
- I. Approximate date of disposition: N/A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

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V. Statement of Claim:

State here as briefly as possible the facts of your case. Describe precisely how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

ON 8-27-07 I WAS INCARCERATED AT COOK COUNTY JAIL DIV 1 7-3. Coming back from YARD RECREATION, I WAS THE LAST PERSON IN LINE. OFFICER STAPLES WHO WAS WORKING MY TIER WAS TOLD BY ME THAT INMATES WERE ARGUING ON THE YARD AND ARE PLANING TO KILL EACH OTHER. WHEN I TOLD OFFICER STAPLES THIS, HE ORDERED ME TO GET ON THE TIER. AFTER TEN MINUTES OF ME ENTERING THE TIER A RIOT BROKE OUT. I RAN TOWARD THE BARS WHERE OFFICER STAPLES DESK IS LOCATED AND HE WAS NOT THERE. I WAS CALLING OUT FOR OFFICER STAPLES WHEN INMATES CAME UP BEHIND ME AND STABBED ME IN THE CHEST WITH A HOME MADE KNIFE.

Rev Robinson

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TWO OTHER INMATES PLUS MYSELF WERE STABBED. I BLACKED OUT FROM SHOCK/BLOOD LOSS. WHEN I CAME TO I WAS LAYING IN A PUDDLE OF MY OWN BLOOD. TWO OFFICERS HELPED CARRY ME OFF THE TIER. I THOUGHT I WAS BEING TAKEN TO THE MEDICAL DEPT. THE OFFICERS TOOK ME / TWO OTHER INMATES WHO WERE STABBED TO A AREA KNOWN AS THE PUMP ROOM. THIS IS A EMPTY ROOM WHERE WE WERE MADE TO SIT ON THE FLOOR WHILE WE WERE BLEEDING, ASKING US WHO STABBED US. WE WERE LEFT IN THAT PUMP ROOM FOR OVER 45 MINUTES IN SEVERE PAIN. I WAS BEING DENIED MEDICAL ATTENTION. I WANT ASSISTANT EXECUTIVE DIRECTOR ROMARO TO BE HELD LIABLE FOR ME ALMOST LOSING MY LIFE DUE TO HIM NOT TRAINING HIS STAFF TO

PUR ROBINSON

8

REACT TO A EMERGENCY SITUATION.
HE IS BEING SUED IN HIS PERSONAL
AND PROFESSIONAL CAPACITIES.

EXECUTIVE DIRECTOR SALVADOR GODINEZ
IS BEING SUED IN HIS PROFESSIONAL
AND PERSONAL CAPACITIES FOR NOT PROPERLY
TRAINING HIS STAFF TO REACT TO A
LIFE AND DEATH SITUATION.

SHERIFF THOMAS DART IS BEING
SUED IN HIS PROFESSIONAL AND PERSONAL
CAPACITIES. HE DID NOT TRAIN HIS STAFF
TO HANDLE A MEDICAL EMERGENCY
THAT COULD HAVE RESULTED IN A INMATES
DEATH.

SUPERINTENDENT SALAZAR IS BEING SUED
IN HIS PERSONAL AND PROFESSIONAL
CAPACITIES FOR NOT TRAINING HIS STAFF
TO REACT TO EMERGENCY SITUATIONS.
PUB REBUNDON ① ⑨

OFFICER STAPLES IS BEING SUED IN
HIS PERSONAL AND PROFESSIONAL
CAPACITIES FOR LEAVING HIS ASSIGNMENT
AND NOT REACTING TO A EMERGENCY
PROPERLY.

ALL OTHER JOHN DOE'S WHO NAMES
I DONT KNOW WHO LEFT ME IN
THAT PUMP ROOM BLEEDING TO DEATH
IS ALSO BEING SUED IN THEIR PERSONAL
AND PROFESSIONAL CAPACITIES.

WHEN I FINALLY WAS TAKEN TO CEAMAK
HOSPITAL I WAS GIVEN STAPLES.

MY MEDICAL REPORTS WILL EXPLAIN.
AT THE TIME OF INCIDENT MY ID#
WAS 2003-002-3207.

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① ②

VI. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.

*MONETARY DAMAGES IN THE AMOUNT
OF \$1,000,000 FOR PAIN AND
SUFFERING, PHYSICAL AND MENTAL
HEREIN PUNITIVE DAMAGES OF
\$4,000,000 AND ANY OTHER JUST
AWARD ~~EACH~~ FROM EACH DEFENDANT.*

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this _____ day of _____, 20____

Ples Robinson

(Signature of plaintiff or plaintiffs)

Ples Robinson

(Print name)

B-66122

(I.D. Number)

P.O. Box 711

MENARD ILLINOIS 62259

(Address)

10

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board
Return of Grievance or CorrespondenceOffender: Robinson Ples MI 122
Last Name First Name MI ID#Facility: Menard☒ Grievance (Local Grievance # (if applicable): 6-8-08) or ☐ CorrespondenceReceived: 6/11/08 Regarding: Incident 8-25-07 at CCJ
Date

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

- ☐ Use the Committed Person's Grievance Report, DOC 0047 (formerly DC 5657), including the Grievance Officer's and Chief Administrative Officer's response, to appeal.
- ☐ Provide a copy of the Committed Person's Grievance, DOC 0046 (formerly DC 5657) including the counselor's response if applicable).
- ☐ Provide date(s) of disciplinary report(s) and facility where incident(s) occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to:
- Administrative Review Board
Office of Inmate Issues
1301 Concordia Court
Springfield, IL 62794-9277

Misdirected:

- ☐ Contact your correctional counselor regarding this issue.
- ☐ Request restoration of Good Conduct Credits (GCC) to Adjustment Committee. If request is denied, utilize the inmate grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns to: Illinois Prisoner Review Board
319 E. Madison St., Suite A
Springfield, IL 62706

No further redress:

- ☐ Award of Meritorious Good Time (MGT) and Statutory Meritorious Good Time (SMGT) are administrative decisions; therefore, this issue will not be addressed further.
- ☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on 1/1/ Date
- ☐ No justification provided for additional consideration.

Other (specify):

Issues that happened at Cook Co Jail
are outside realm of this office. You weren't
admitted to IDOC until 11-6-07

Completed by: Sherry Beaton 6/16/08
Print Name Signature Date

Distribution: Offender; Inmate Issues

Ples Robinson

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

Date: 6-8-08	Offender: PLES ROBINSON	ID#: B-66122
Present Facility: MENARD	Facility where grievance issue occurred: Cook County Jail	

NATURE OF GRIEVANCE:

☐ Personal Property ☐ Mail Handling ☐ Restoration of Good Time ☐ Disability
☒ Staff Conduct ☐ Dietary ☒ Medical Treatment ☐ HIPAA
☐ Transfer Denial by Facility ☐ Transfer Denial by Transfer Coordinator ☒ Other (specify): _____

☐ Disciplinary Report: _____

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
 Chief Administrative Officer, only if EMERGENCY grievance.
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Brief Summary of Grievance: **My Cook County Jail number is 1003-0023207. On 8-27-07 I WAS BEING housed AT COOK COUNTY JAIL DIV 1 TIER 7-3. AT 7:30AM MY TIER WAS GETTING READY FOR RECREATION. WHILE GOING SO TWO INMATES WERE ARGUING AS IF THEY WERE GOING TO FIGHT. ONCE WE REACHED THE YARD THEY CONTINUED TO ARGUE SAYING THAT ONCE THEY GET BACK TO THE TIER A KILLING WAS GOING TO TAKE PLACE.**

Relief Requested: **More training for staff and for them to be held liable for me becoming seconds from losing my life.**

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Ples Robinson **B-66122** **6.8.08**

Offender's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)		
Date Received: _____	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: _____		

Print Counselor's Name	Counselor's Signature	Date of Response

EMERGENCY REVIEW	
Date Received: _____	this determined to be of an emergency nature?
<input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.	
RECEIVED JUN 11 2008 OFFICE OF INMATE ISSUES	
_____	_____
Grievance Officer's Signature	Date

PLACE. WHEN EVERY ONE MADE IT BACK ON THE TIER I WAITED TO BE THE LAST PERSON IN THE LINE. ONCE EVERY ONE WAS INSIDE, THE TIER I TOLD OFFICER STAPLES THAT I DIDN'T WANT TO GO BACK ON THE TIER, BECAUSE INMATES WERE TALKING ABOUT STABBING AND KILLING EACH ^{OTHER}. OFFICER STAPLES TOOK A FEW MINUTES TO LOOK OVER THE TIER AND SAID IT LOOKS PEACEFUL THAT FOR ME TO GO BACK ON TIER. ONCE I WAS ON TIER OFFICER STAPLES LEFT MY TIER F-3 AND WENT TO E-3. AT THAT TIME INMATES STARTED TO ARGUE AGAIN. WHEN I SAW THIS I TRIED TO RUN TOWARD THE BARS TO TELL OFFICER STAPLES WHO WAS STILL ON E-3 TO GET ME OFF THIS TIER. A COUPLE OF GUYS GRABBED ME AND PUT ME WHERE I WAS STABBED IN THE CHEST WITH A HOME MADE KNIFE. IT WAS SO MUCH BLOOD COMING FROM MY CHEST AREA I WAS IN A STATE OF PANIC. I SAW THAT A COUPLE OF MORE INMATES WERE TRYING TO ATTACK OFFICERS AND WERE ALSO STABBED. ONCE OFFICER STAPLES WAS MADE AWARE OF THE INCIDENT, HE CALLED BACK UP AND ONCE BACK UP ARRIVED ME AND TWO OTHER INMATES WHO WERE STABBED WERE TAKEN TO A AREA NAMED "THE PUMP ROOM" WE WERE QUESTIONED AND NOT TAKEN TO THE MEDICAL DEPT UNTIL ALMOST 45 MIN LATER. WE WERE LYING ON THE FLOOR BLOODY ASKING FOR MEDICAL ATTENTION. WE WERE NOT TREATED AS HUMANS AT ALL. I ALMOST LOST MY LIFE AND NO ONE SEEMS TO CARE.

SELF NOTARY

(STATE DOCUMENTS)

Notarized under and by 735 ILCS
5/1-109, under penalty of perjury,
this (day #) day of (month), (year).

Mr. Peter Robinson B-66132
(your signature)